

INFANT

Assessment Questions

Some Breastfeeding/Some Formula

1. What is your greatest concern about your baby?

Free form answer

2. How is breastfeeding going?
A. Frequency of feeding/24h.
B. How long does a typical feeding last?
C. Are you experiencing any breast problems or pain?

Free form answer

3. How much formula is your baby drinking in 24 hours?
A. What size bottles?
B. How is it mixed and stored?

Free form answer

4. How many wet and dirty diapers does your baby have in 24 hours?

Free form answer

5. Does your baby see someone for medical care (one answer)?

Yes

No

6. Tell me about any health issues your baby has and who diagnosed it:

Free form answer

7. Does your baby's caregiver (babysitter, child care provider) smoke indoors (one answer)?

Yes

No

8. Tell me if your baby consumes any of the following (may choose more than one answer):

N/A

Vitamin drops (multi or vitamin D)

Other supplements

Herbs

Teas

Medications

Honey
Raw/undercooked eggs, meats/fish or dairy
Non-food items

9. What have you heard about introducing foods to your baby?

Free form answer

10. Tell me about what your baby eats and drinks (if applicable):
A. How many times per day? What kinds/textures of food?
B. What does your baby drink (other than breast milk/formula)?
C. What does your baby drink from (bottle, sippy, cup, straw)?

Free form answer

11. Do you have any additional questions?

Free form answer

Possible discussion topics:

Vitamin D
Iron rich foods
How to know if breastfeeding is going well (adequate production/intake)
Other breastfeeding concerns
Readiness for foods
How to introduce new foods/beverages
Progressing to table/finger foods
Weaning to a cup or using a cup

Potential referrals:

IBCLC or BFPC
RD
Medical care provider
Medicaid
SNAP
Food banks
Childcare

Mid-Year Certification Questions: Infants

1. Tell me about his/her intake in a typical day.

Free form answer

2. Do you have any concerns or questions about feeding your baby?

Free form answer

3. Have there been any changes since the last visit in his/her health, such as a new medical diagnosis or problems?

Free form answer

4. Is he/she up to date with well-baby visits and immunizations?

Free form answer

5. Do you have any other questions for me?

Free form answer